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HISTORY OF VISITING NURSE WORK IN AMERICA *

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IN the characteristics and aim of district or visiting nurse work there may be said to be "nothing new." It is a branch of nursing so well known to our profession that it is useless to dwell upon the purpose of the work.

At the Congress of Nurses held in Chicago in 1893 the subject of this paper was given such complete and detailed description by women of years of experience in the work that it would be time misspent to take up that part of the subject, so well covered then.

The facts and data of the present paper are largely statistical, and intended only as historical of the subject, and simply to show the growth of the work in various parts of the country in the last ten years. This philanthropy has now taken its place among the organized charities of modern times. Only a few years ago quite unknown, it is now operated successfully in almost every section of the country. It is a charity of which its promoters never tire; and noting its success and present steady growth, one often wonders why its initiatory stages had such uphill work.

District or visiting nurse work covers that branch of nursing which cares for the sick poor in their own homes, when by reason of surrounding circumstances the patient may not be sent to a hospital. The work is likened to a large out-door hospital, the various towns and localities being divided into wards or districts, the whole being responsible to the head or superintending nurse.

From the first year of its existence, when Fliedner at Kaiserswerth sent trained women into the homes of the poor, and William Rathbone, M.P., saw the need of it in England, the character of this work has not

* Read before the Congress of Nurses at Buffalo, September, 1901.

changed; it still carries out the first paramount principles of giving skilled nursing to the poor and the small wage earner in their own homes, and to use such methods of instruction as to teach them to care for their own sick and to carry out the right observance of sanitary laws.

The pioneers of this work had untold difficulties to overcome, for by no means did their efforts meet with warm support. Medical men were suspicious that these organizations sending out skilled nursing help would interfere with their practice, and many of the laity felt it an innovation not practical, and that the poor could get on the same as they always had done.

It is needless to say that the newer and younger associations have none of these difficulties, for physicians everywhere now are not only the instigators in new localities, but are always the staunchest supporters of the scheme. The development of the work in America has not been a bed of roses, and with all its seeming success in this country we are years behind Germany and England.

A woman prominent in philanthropic work says, " There is no form of organized philanthropy that demonstrates more clearly the present progressive ideas of social and economic work among the less fortunate," and a student of social problems has well said, " It is the safest and most practical means of bridging the gulf which lies between the classes and the masses."

This principle is largely illustrated in the successful social settlement made up of nurses at 265 Henry Street, New York City.

In continuance I should like to put in short form a few general suggestions to those who are contemplating forming this work in new localities. I shall give below a combination of the various methods carried out in many of the organizations now operated.

First comes the need, then the presentation of the project at a general meeting of the public, to which should be asked prominent physicians of the locality to give it its endorsement. Then comes the mode of support, usually best by voluntary contributions in small sums from the public rather than by individuals, as then no one may feel that they have a special claim upon the service. If operated upon the non-sectarian principle, you then have the support of all the religious elements, but are confined to no particular one. Cases should be taken and received from all sources.

An ideal system may have many adjuncts operating in connection with it. First is the Flower Mission, or the Diet Kitchen, or the Convalescent Home in some near-by country place, to which patients may be sent. Then in the district must be the ever-ready and well-filled loan

press, containing every known article that may be used for the comfort and well-being of the sick. The most successful organizations go upon the principle that the best results are shown to the people when the best professional nurse gives the service assisted by the most modern sick-room appliances rather than by makeshifts, and yet always giving information as to what articles may be used in the place of the modern ones.

In adopting a name for any new society doing this work we would advise the use of the term "Visiting Nursing" as being more comprehensive than "District Nursing," and as less cumbersome than "Instructive Visiting Nursing."

The woman employed to do this work should be a graduate of a large general training-school, for she may care for many cases without the doctor in attendance, and she should know how to meet every emergency.

In starting the work in a new locality preference should be given a nurse who has had experience in district nursing work, and the rules for the admission of additional nurses to the society should be most severe. She should be required at the end of a certain time to give a complete sketch of how she would meet all the various emergencies that might arise in the work; how she would send a case to the hospital, secure ambulance service, report cases for relief sent to various institutions, to summer homes, etc.

The next step in the right direction in the work in this country will be to establish a special post-graduate course for all nurses desiring to take up visiting nurse work, for too many nurses come into the work having little idea as to the requirements and demands; and during the period of perhaps their first year, the organizations suffer by their lack of knowledge.

In the near future the Chicago association will establish a course of this kind where graduates from general training-schools may take up and learn the work in a systematic way.

I may go on now with some of the general requirements and rules for nurses. They are employed actively from eight to ten hours per day, and if they are doing the work in the right spirit any additional service required is done without comment. The salaries throughout the country paid to these workers seem to be about uniform, forty-five dollars, fifty dollars, and sixty dollars per month, according to the time they remain in the work.

Not all organizations have a regulation uniform, but those who do are to be commended. For in many instances its moral effect upon the patient is constantly apparent, and there is nothing that can take the

place of the plain gingham dress and the neat coat and hat of subdued color.

In most organizations the visits of the nurse average from eight to twelve in one day, varying from a half hour to two hours each. A typical day in a large society—one will not be amiss—is as follows: The first visit was to a dying consumptive, where a bath and clean linen were given; the second, a bath and alcohol sponge to a man with typhoid; third, dressing a varicose ulcer on the leg of a woman who makes wrappers all day long at forty cents per dozen; fifth, baths and clean linen to a family of five, all ill with typhoid; reported case to Board of Health, arranged to send patients to hospital; two-hours' work required; sixth, maternity case: bathed mother and babe; received ten cents for service; seventh, took temperature and pulse of convalescing typhoid; arranged to send patient to country; eighth, bath to mother and daughter, both ill with consumption; new care, reported to Health Board; ninth, very sick babe; gave bath, furnished milk, and instructed mother; sent free doctor; tenth, man with locomotor ataxia; gave bath, made application to send patient to Home for Incurables.

Who, in hearing this, will gainsay that it was not a day full of satisfaction to the nurse, of practical benefit to the patients, and of infinite credit to the supporters of the work who make it possible that the relief may be given.

The regular systematizing of the work we do not find an easy matter, the very character of the work itself bringing about rather a hap-hazard way of doing it, for the very reason that no day's work can be arranged prior to its beginning.

The records kept and the reports made for filing require much skill and patience, and take a large part of the nurse's time and labor. Most of the women employed find their greatest hardship in the exposure to the elements, rain, cold, and snow in winter, and the beating rays of the sun in summer, for the visiting nurse goes on her rounds, rain or shine, heat or cold, and often the nurse herself, after a very hard day's labor, wonders why she is willing to give up a lucrative and half-comfortable private practice for this life of exposure and self-denial. But nearly every woman now doing the work finds that indescribable something which is akin to fascination in being the instrument that brings so much comfort to those who, without her, would have naught, and at the same time in combining with her labor self-support and independence.

Miss Brent, of Brooklyn, N. Y., in a clever paper on district nursing read before the Congress of Charities in 1894, sums up the work of the nurse as follows: "It is a hand-to-hand struggle against disease, pov-

erty, and dirt, against the most pitiful ignorance and inherited prejudice. The nurse finds her routine work widely different from hospital or private duty. . . . Beginning each morning her daily rounds of visits, carrying with her in as small a compass as possible all the necessary appliances for her work, she goes from house to house, from one patient to another, mounting flight after flight of stairs,—for it is a curious but true fact that tenement-house patients always live on the top floor of a very tall house,—here making beds, preparing nourishment, giving sponge-baths, there bandaging a leg or applying a dressing, but in all cases carrying out the doctor's orders, leaving notes of temperature and general condition, being certain the medicine will be properly administered, and seeing that proper nourishment is provided whether by direct orders or otherwise,—in short, doing everything in her power for her patient's comfort."

The following is an extract from a letter from Florence Nightingale to Lady Aberdeen in commendation of district nursing work:

"Let me gladly add myself as a witness of experience here to the great blessing which the trained district nurse has been to the sick poor.

"If you are able to maintain the high standard for your nurses which you have done, and succeed in attracting good young women to enter upon the work, there can be no doubt that it will get on and prosper. Difficulties and trials there must be, but if so noble an object, it is worthy the expenditure of much labor and patience."

From the hospital training-school the area of the trained nurse's work has become extended to private nursing (nursing the well-to-do) and latterly to that far more numerous class of patients who are either entirely destitute, or able to make a small contribution for the services of a nurse, and yet who are not fit subjects for hospital treatment.

It is especially and above all to this last class that the trained district nurse has proved so great a benefit. For the duties of the district nurse more experience, more self-denial, is wanted than for those of hospital or private practice nurses, who have the doctors always at hand to refer to, and have all the appliances of hospital or home at the service of the patient.

The success of district nursing depends, more than in hospital and private practice, upon the character of the nurse, and the character of the nurse depends much more upon the nature of her training and the continuance of those helps, physical and moral, which that training has supplied to her.

The total number of associations doing this work in America is fifty-three; the number of nurses employed one hundred and thirty.

SOCIETIES AT PRESENT OPERATING IN AMERICA, IN ALPHABETICAL ORDER.

Albany, N. Y.

The work there is done by the Albany Guild for the Care of the Sick Poor, and is the outgrowth of the Fruit and Flower Mission, which was organized in 1880.

It employs four nurses and does much work among the class which render small fees for the nurse's care. The nurse here may not respond to any calls excepting those sent to her from the physicians and by the president of the association. This method necessarily limits the field.

Baltimore, Md.

The work in Baltimore is known under the name of the Instructive Visiting Nurse Association. It began in January, 1896, with one nurse. At the beginning of the present year it has five.

The association is partially self-supporting, the deficit is made up by voluntary contributions. It is non-sectarian and neutral. Coöperates with the other charities of the city. From the first it has been a most successful organized society.

Boston, Mass.

Boston is the oldest of the Visiting Nurse Societies established in America; it was organized in 1886.

The fourteen nurses work in connection with the dispensary physicians connected with the Boston Dispensary, established in 1796.

This association is known as the Instructive District Nursing Association of Boston.

Brooklyn, N. Y.

The visiting nurse work is operated in this city and is known as the Red Cross Instruction and District Nursing Society, and is now a department of the Bureau of Associated Charities. Three nurses are employed who do usual nursing work.

In addition to the work done under the auspices of the Bureau of Charities there is also a graduate nurse at the Pratt College Settlement, supported by a private individual.

Buffalo, N. Y.

The District Nursing Association of Buffalo was organized in 1892, to provide free nursing among the sick poor and to carry on a diet kitchen and flower mission in connection therewith.

The association is strictly non-sectarian, receiving its support from the voluntary contributions of all denominations. There are now four nurses doing duty for the association.

Cambridge, Mass.

The district nursing in this locality is under the direct supervision of the District Nursing Association of Boston. It is really a branch of that city's work.

Charleston, S. C.

In this city is an organization known as the Ladies' Benevolent Society, whose constitution says "is formed for the relief of the sick only." It is probably the oldest of its kind in America, having just had its eighty-eighth anniversary. It is supported by voluntary contributions, fees, and legacies. It is undenominational.

Chicago, Ill.

The Visiting Nurse Association of Chicago was organized in 1890. Fifteen nurses are employed. It has also a staff of untrained women who are sent to remain in the home. It is non-sectarian, neutral, and exclusively a public charity, supported by voluntary contributions, fees, and legacies. Managed by a Board of Directors of thirty-two women. Coöperates with all the organized charities of the city. Gives only nursing and medical care and only such relief as pertains to the sick. Paramount object, instruction to the people in sanitary laws and hygiene and the care of their own families in time of illness.

Colorado Springs, Col.

The work here is comparatively new, and the one nurse employed is under the supervision of the Associated Charities and paid by them.

Columbus, O.

The organization is known here as the Instructive District Nursing Association. It was organized in 1898, through the efforts of philanthropic citizens, and is now supported by voluntary contributions. Three nurses are now employed.

This organization secured its first nurses from the organization in Chicago. It has been most successful.

Concord, Mass.

The work at Concord was established in 1900, and employs one nurse. The largest part of the work is done in the families of those who can pay small sums for the service, though the association was started for the benefit of the destitute poor.

Davenport, Ia.

In connection with St. Luke's Hospital of this city is organized a department of district nursing. The pupils in the second year are sent

out to care for the sick in their own homes under the supervision of the superintendent of nurses.

Denver, Col.

In 1892 the Denver Flower Mission employed a visiting nurse to care for the sick poor. In 1900 this association merged into what is known as the Visiting Nurse Association and Flower Mission of Denver.

It is supported by voluntary contributions, fees, and legacies. Two nurses are employed. They also have in connection a complete medical and surgical staff. The charity organization of Denver contributes towards the fund.

Detroit, Mich.

The Visiting Nurse Association of Detroit was organized in 1896. It is supported by the various guilds and church societies and voluntary contributions. It has in its employ at present three trained nurses. It has the hearty support of all the institutions of the city.

Fall River, Mass.

In Fall River, Mass., the work is done under the auspices of the Union Hospital, which sends out one nurse who cares for as many cases as possible during the day.

Fitchburg, Mass.

In Fitchburg, Mass., the work is known as the Instructive Home Nurse Association, and is a department of the charity organization known as the Fitchburg Benevolent Union. Employs two nurses and makes a specialty of its loan closets, the system of which could be profitably copied in all the other district nursing work.

Fort Wayne, Ind.

The work is known in this city as the Visiting Nurse League. It is supported by various church circles and the contributions of the public. It employs two nurses and works in connection with the Associated Charities.

Grand Rapids, Mich.

The District Nurse Association in Grand Rapids is operated in connection with the charity organization of that city. Two nurses are employed who work entirely in connection with the Associated Charities. The fund is supplied by private individuals.

Hampton, Va.

A very successful association, organized since 1899, is the district work done in connection with the Hampton Training-School for Nurses connected with the Dixie Hospital.

This is the oldest training-school for colored women in America,

and the pupil nurses are sent to furnish nursing care to the sick poor in the town.

Harrisburg, Pa.

The Visiting Nurse Society of Harrisburg is neutral and non-sectarian; employs two nurses and is supported by a private individual. It was formed in 1899 and has been most successful. The work is done by nurses formerly employed by the Chicago Association.

Hartford, Conn.

Hartford is perhaps the newest of the organized associations. It was started in February, 1901, and has one nurse.

Kansas City, Mo.

The work in Kansas City was begun in 1891 and is known as the Visiting Nurse Association of Kansas City. Two nurses do the work in this organization. It is supported by voluntary contributions of the public.

Keene, N. H.

In Keene, N. H., the work is done by student nurses sent out from the city hospital.

Lawrence, Mass.

The work of the visiting nurse in this locality is supplied by the pupil nurses from the Lawrence Training-School for Nurses.

Los Angeles, Cal.

The work was started in Los Angeles in 1899. One nurse is employed by the city—the only place in America where it is done in this way. The plan might well be adopted elsewhere.

Lynn, Mass.

The district work in the homes of the poor was organized here in 1896 through an agreement between the Lynn Hospital and the Associated Charities, whereby the Associated Charities was to pay the Lynn Hospital for the service of a nurse in training. The nurse is changed once in two months. She reports at the office of the Associated Charities for all her cases.

Malden, Mass.

One nurse has been employed here since 1899. She works in connection with the Industrial Aid Society. The salary is paid by this society.

Melrose, Mass.

In Melrose the work is done by the pupil nurses of the Melrose Hospital.

Middletown, Conn.

The work was organized here in 1901 and has one nurse employed. The work is going on most successfully.

Milwaukee, Wis.

The work here is done by two nurses employed by the Associated Charities. There is no distinct organization of the kind.

Mt. Kisco, N. Y.

The work here is done by the Visiting Nurse Association known as the Ellen Wood Memorial District Nurse Association. It was named in memory of Miss Wood, a Johns Hopkins nurse, the Alumnæ Association of that school contributing towards the support. One nurse is employed.

Newburg, N. Y.

The work here was started in 1897 by the clergymen of the city, and is known as the Visiting Nurse Society of Newburg. The expenses are met by contributions from the various churches, by fees, and legacies. They have one nurse, and she may only take cases sent to her by physicians of the city. The work is now on a permanent basis.

Newport, R. I.

The work in Newport is carried on under the auspices of the Newport Hospital, the pupil nurses in training in the second year being sent out to care for patients in their own homes who are unable to pay for the service. The plan has been operated successfully for a number of years.

Newton, Mass.

This association was organized in 1898. It acts under the direction of the physicians of the city of Newton, and is supported by voluntary contributions. Two nurses do the work.

New York City.

The ground is well covered in New York City, although the work is not done by any one organized society for this work. The Bureau of Associated Charities has six nurses working in connection with it. There are two branches of the Nurses' Settlement of from ten to twelve nurses, and others are engaged in the parishes of Grace, Trinity, St. Thomas, and others. The City Missionary Society, one of the oldest organizations in New York City for caring for the sick poor, has employed a band of trained women for many years. The field is a large one, and

really should be covered by an organized society operating on a separate and distinct basis.

The work at the Nurses' Settlement, 265 Henry Street, is most complete in every detail, comprising the district nursing on the upper and lower east side, with social work.

Norfolk, Va.

The work here is operated under the direction of the Norfolk Union of the King's Daughters. Two nurses are employed, part of one nurse's time being used as a friendly visitor for the united charities. There is great need for this work in that locality.

Oakland, Cal.

The work is done by the pupil nurses sent out from the Oakland Hospital. There is not as great need in this locality as is found in many others. It was established in 1894.

Omaha, Neb.

The work was organized in Omaha in 1897 with one nurse in charge. It is supported by voluntary contributions, and is indorsed by leading physicians of the city. It is modelled, both in the constitution and the detail work, upon the Chicago plan.

Orange, N. J.

The work in Orange, N. J., is carried on by the nurses of the Orange Hospital Training-School, who live at the Nurses' Settlement in the district occupied largely by the mill hands. It is supported by voluntary contributions.

Philadelphia, Pa.

The Visiting Nurses' Society was organized here in 1875, almost simultaneously with that of Boston. It employs eight graduate nurses and several under-graduates. It is supported entirely by voluntary contributions. It is non-sectarian, and its constitution says that "the object of this society is to give to the poor and to those of moderate means the best home nursing possible under existing circumstances."

Plainfield, N. J.

The work was established here several years since under the auspices of the City Union of the King's Daughters. The fund is supplied entirely by this organization. The nurse herself is really a part of the Associated Charities.

Proctor, Vt.

The Proctor Hospital Training-School takes care of the poor in their own homes by sending out a pupil nurse when in her second year of training.

Rochester, N. Y.

The Rochester City Hospital furnishes through its out-door-relief department a district nurse who cares for all cases who are too poor and who are unable to leave their families to go to the hospital. The Homœopathic Hospital has a special endowment for the support of two visiting nurses. The ground is well covered in Rochester, though there is a field for a regular organization.

Salem, Mass.

The work is done here in connection with the Associated Charities, but is supported by private individuals. One nurse is employed.

San Francisco, Cal.

In 1897 the Fruit and Flower Mission of San Francisco employed a visiting nurse to care for the sick poor. In the following year, in 1898, it was transferred to the Associated Charities and a second nurse was added to the work. The support comes from private individuals, who furnish the money for this purpose.

They receive most of their calls from the Associated Charities. In addition to these nurses there are several others working in connection with the various parishes. The sick poor are well cared for in San Francisco.

Scranton, Pa.

The Associated Charities in this city employs a nurse in connection with their work. The expenses are met by that organization.

St. Louis, Mo.

The sick poor in their own homes are cared for here by the nurse employed in connection with the Visiting Nurse Department of the St. Louis Provident Association.

It was formed in 1895 and is supported by the regular Associated Charities.

St. Paul, Minn.

One visiting nurse is employed here by the Bethel Settlement. The field in St. Paul is covered very much in the same way as that in New York. There is no regularly authorized system under one head, but the sick poor are well cared for.

Syracuse, N. Y.

The society here is an organized one, known as the Visiting Nurse Association of Syracuse. It was organized in 1896 and is supported by private individuals and public contributions. Two nurses cover the field.

Waltham, Mass.

The district visiting nursing is done here by the pupil nurses of the Waltham Training-School. This system, now operated in many localities, is indebted to Dr. A. Worcester for its origin. It was the first time in this country that the sick poor had been cared for in their own homes. The work is most successfully carried on and serves two purposes, that of giving care to the people who cannot afford to pay for the service, and also giving experience to young women in training which they perhaps could not get under the roof of the hospital.

Washington, D. C.

The Instructive Visiting Nurse Society was organized in Washington in 1900. It now employs five nurses and is supported by the voluntary contributions of the public.

Winchester, Mass.

The work was organized here in 1899. Two nurses are employed who do much charity work, but are especially serviceable to the small wage earner, who pays a fee for care received. The support is from voluntary contributions.

Worcester, Mass.

The work is done here by two nurses, supported by voluntary contributions, and who work in connection with the Associated Charities.

This paper would not be complete without a mention of the Victoria Order of Nurses, founded in Canada by the Countess of Aberdeen.

The order is for the benefit of the sick poor, the same as all other district nursing societies, and is supported by voluntary contributions. Its work is larger and covers a greater field than any of the organizations of its kind in the States. In Montreal there is also a district nurse sent out in connection with the Diet Dispensary.

In Toronto the Nursing at Home Mission does the same sort of work as is covered by the organized societies in the States; it also is supported by the voluntary contributions of the public.

SUMMARY.

After laying before you all the plans and operations of the various organizations of this character now under way, we leave it to you to

choose the best means of operation. With the active professional worker the neutral lines seem the best lines. Whether the work can be carried on with or without the religious element depends upon the locality. The demand for this work is usually spontaneous, and not always will the same people recognize its necessity. In one instance it may be the physician of the locality, in another the clergy, in another the philanthropic and benevolent wealthy. The question is: shall the work be non-sectarian and neutral, or shall it be a specified charity by itself, or operated in connection with churches or dispensaries, or with the city physicians? Or shall it be a department of the organized charities which already exist in every State of the Union? No one can advise any special plan, but we can all urge communities to provide for the care for the sick poor in their homes, where the well members of the family may be taught a responsibility towards their own sick that they would not otherwise have. Not more than one-third of the cases usually helped can enter hospitals, and many do go who should not, for in these instances a home may be broken up and the responsibility that should be borne by the individual shifted to an institution.

Many contend that the work comes very near being a luxury to the poor. If it is, then every asylum founded for charity is a luxury, and a luxury too that relieves the individual of any dependence upon his own exertions and has no results to show save that of pauperization.

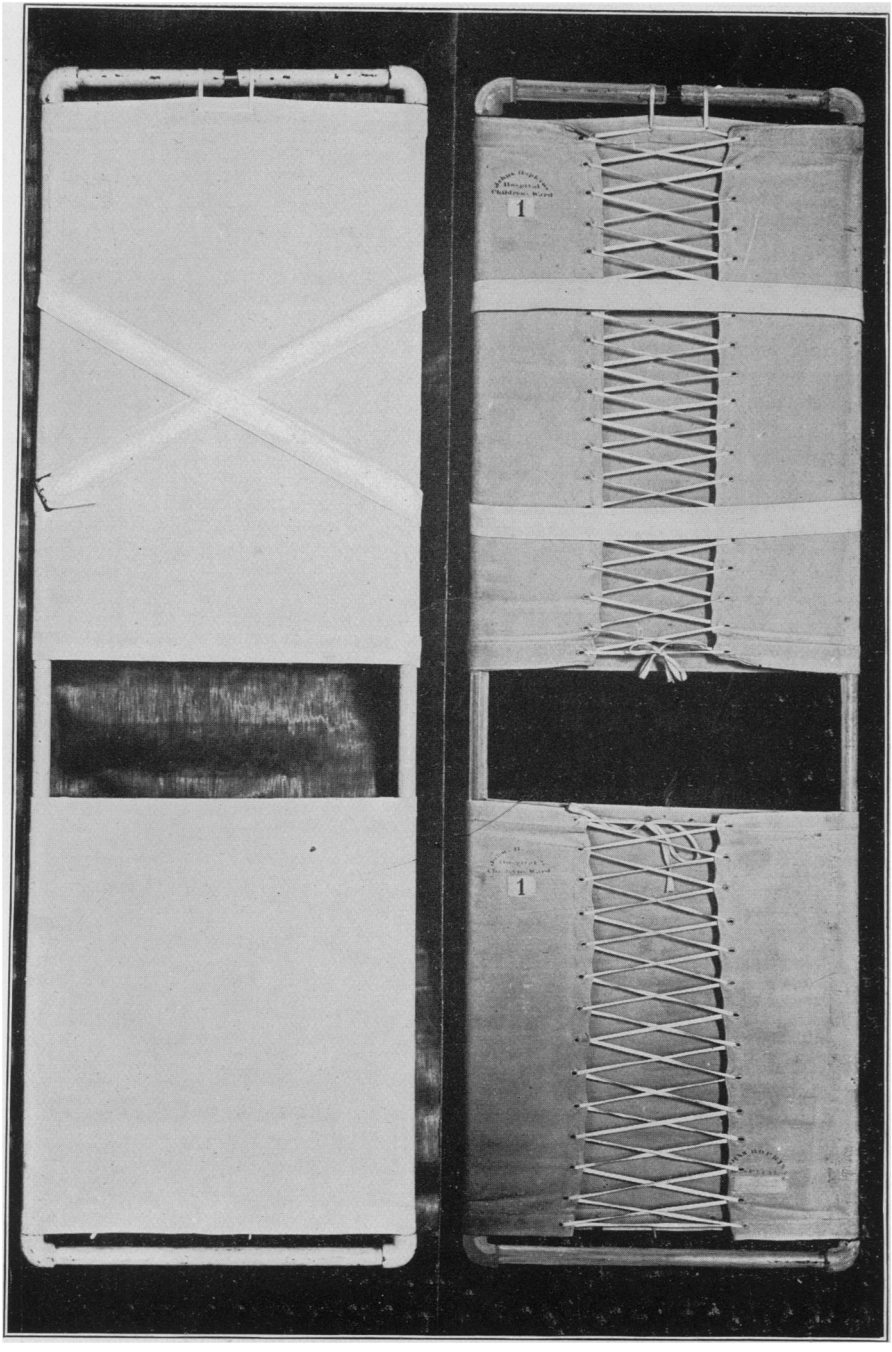
Before closing, just a word as to the woman detailed for such work as this. Only can she be successful when she has passed through a broad general training in the best nurses' schools that can be found. With this must be a refinement and culture which gives the courage and patience to overcome the overwhelming difficulties to be encountered.

Armed with these weapons, she goes forth as no other philanthropic worker, with a profession so valuable and at once so practical that there is no mistaking the need she fills.

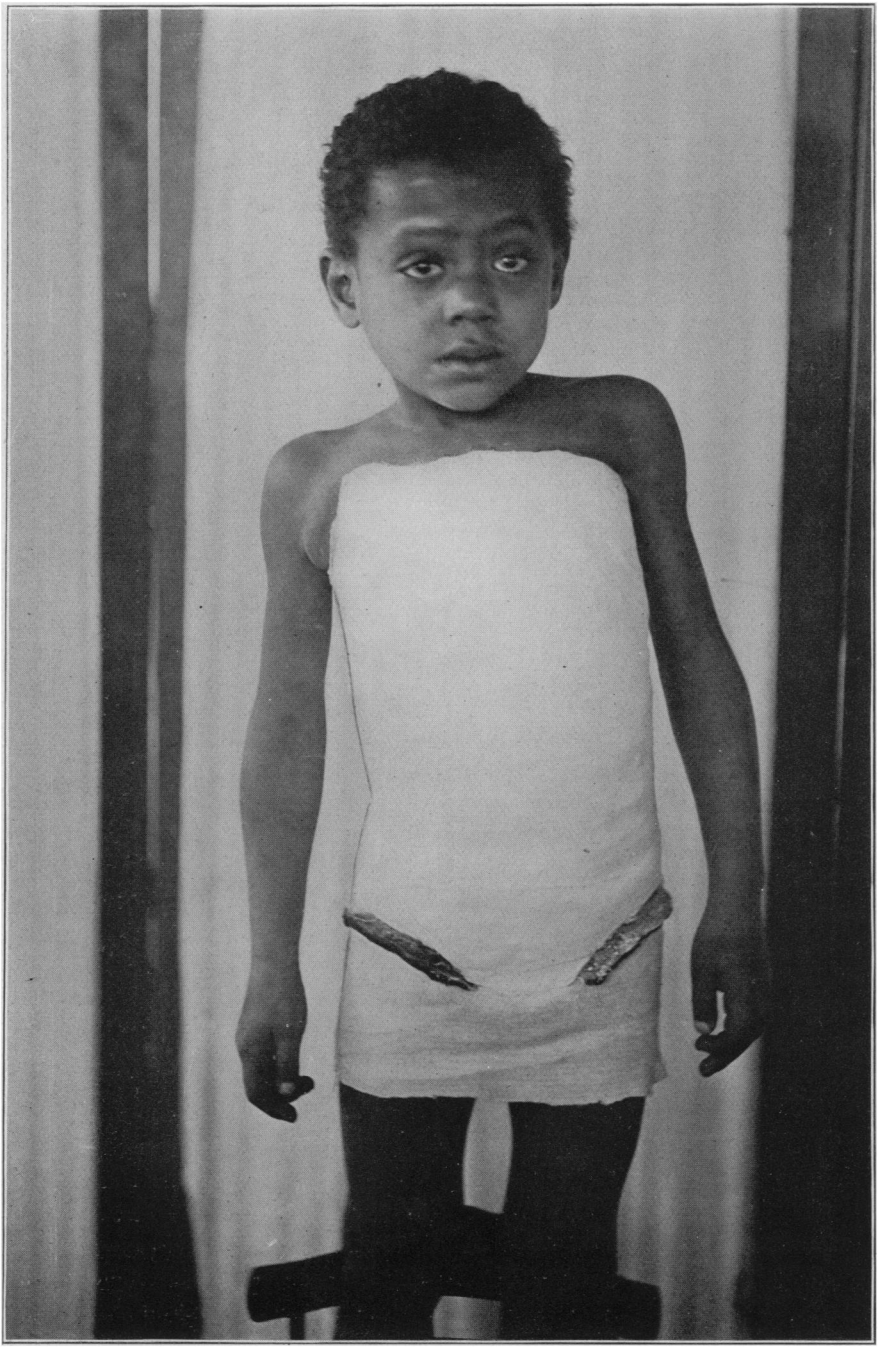
For the past ten years it has been clearly shown "that the district visiting nurse work is the best means at the smallest cost of helping the conditions of the poor, sick or well." Hospitals do much good, but, after all, they offer but outside methods of education. It is by reaching the people in their own homes and teaching them to utilize and make the best of what they have that lasting good may be accomplished.

To the following we are gratefully indebted for data and information pertaining to the subject of this paper: To the secretaries and superintendents of the various organizations; to the secretaries of the charity organizations in all parts of the country.

For articles on the subject of district nursing you are referred to the following: The "Report of the Conference of Charities in 1894,"



BRADFORD FRAME



CHILD IN A PLASTER JACKET

Nursing Section; paper by Edith S. Brent, Brooklyn, N. Y., on "District Nursing;" a pamphlet published by the Victoria Order of Nurses by Countess Aberdeen on "District Nursing;" "The History of District Nursing," Dr. A. Worcester, M.D.; a small volume on "District Nursing" by William Rathbone, M.P.; a work on "District Nursing" by Mrs. Dacre-Craven.

THE NURSING CARE OF ORTHOPÆDIC SURGICAL CASES

By ELEANOR WHARTON WOOD
Johns Hopkins Hospital School for Nurses

The diseases of children which come under the treatment of orthopædic surgery are tedious in their cure and require continued and careful nursing.

Orthopædic surgery has to do with the correction of deformities by operative measures and mechanical apparatus. To intelligently understand the result the latter method is to produce, the nurse should be conversant with the mechanism of the various implements, how they are made, what they are to do, how they are adjusted, and their proper care.

The majority of orthopædic cases are met with among the poorer classes, and while the patients are undergoing treatment during the acute stages in the hospitals, it is in the convalescent stages that the nurse's work plays so important a role. The prevalent complaints demanding orthopædic measures are rhachitis, tubercular vertebræ, disease of hip and other joints, flatfoot, curvature of the spine, cerebral infantile paralysis, and malformations of bone due to various causes. Each must naturally have its own special and individual care. If the caretakers of children and those who are working in their midst were more on the alert in watching their progress and growth, their discernment would enable them to adopt effective prophylactic measures against the development of these diseases. Affections of the bones do not occur suddenly, but are attended by many symptoms usually unobserved in their early stages, but which if noticed in time and proper measures were taken would prevent many months and years of suffering and deformity.

If one is to deal with the abnormalities of children, she should first know the habits of a normal child, note its pulse and respiration at certain ages, the position the child naturally takes, its characteristic walk, normal attitude in standing, sitting, reaching, and stooping, also its attitude and breathing during sleep. Tuberculosis may be said to be the foundation of orthopædic cases in children, and Pott's disease may be mentioned as one of the chief types of the group. "Pott's disease is